## DIVISION OF HEALTH SERVICES IMMUNIZATIONS PROGRAM JANUARY 1, 2008 - JUNE 30, 2008 BUDGET NO. 433-400582

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
NO.	ACCOUNT NAME	BUDGET	DIFFERENCE	BUDGET
4331	FEDERAL GRANTS THRU STATE	(219,000.00)	(51,600.00)	(270,600.00)
.00.	TOTAL STATE REVENUE	(219,000.00)	(51,600.00)	(270,600.00)
	_	(=:0,000:00)	(0.1,000.00)	(=: 0,000:00)
5102	SALARIES & LABOR	164,746.00	13,104.00	177,850.00
5135	LAPSE TIME RESTRICTION	-	-	-
	TOTAL SALARIES & OVERTIME	164,746.00	13,104.00	177,850.00
5510	RETIREMENT BENEFITS - COUNTY	11,532.00	917.28	12,449.28
5511	OPEB RETIREE INSURANCE	10,709.00	851.76	11,560.76
5515	FICA	-	-	-
5516	MEDICARE COVERAGE (MQFE)	2,224.00	176.90	2,400.90
5520	GROUP LIFE INSURANCE	1,120.00	103.78	1,223.78
5543	CIGNA INSURANCE	21,291.00	2,886.40	24,177.40
5560	DISABILITY INSURANCE	2,636.00	209.66	2,845.66
5591	OJI MEDICAL INSURANCE	2,554.00	203.11	2,757.11
5592	UNEMPLOYMENT COMP INS	542.00	43.11	585.11
	TOTAL FRINGES	52,608.00	5,392.00	58,000.00
6016	DATA PROCESSING SUPPLIES	-	2,000.00	2,000.00
6026	EXP FURN & EQUIP	-	2,900.00	2,900.00
6042	MATERIALS & SUPPLIES	-	2,000.00	2,000.00
6046	MEDICAL SUPPLIES	-	8,000.00	8,000.00
6052	OFFICE SUPPLIES	<del>-</del>	8,000.00	8,000.00
	TOTAL SUPPLIES	-	22,900.00	22,900.00
6467	TRAVEL	_	8,000.00	8,000.00
0407	TOTAL SERVICES		8,000.00	8,000.00
			0,000.00	0,000.00
6874	TELECOMM SERVICES	-	1,000.00	1,000.00
		-	1,000.00	1,000.00
	_			
9804	TR/T INDIRECT COST	1,646.00	1,204.00	2,850.00
	TOTAL TRANSFERS OUT	1,646.00	1,204.00	2,850.00
	TOTAL EXPENDITURES	219,000.00	51,600.00	270,600.00
	NET COST			
	NET COST	-	<del></del>	

### DIVISION OF HEALTH SERVICES ADMINISTRATION & FINANCE JULY 1, 2007 - JUNE 30, 2008 BUDGET NO. 010-400301

ACCT.		CURRENT		PROPOSED
NO.	ACCOUNT NAME	BUDGET	DIFFERENCE	BUDGET
9530	RESTRICTED OPER & MAINT	30,996.00	1,204.00	32,200.00
9634	TRSF/F FEDERAL THRU STATE-IND COST_	(524,779.00)	(1,204.00)	(525,983.00)
	NET OPERATIONS	(493,783.00)	-	(493,783.00)

### DIVISION OF ADMINISTRATION & FINANCE TELECOMMUNICATIONS JULY 1, 2007 - JUNE 30, 2008 BUDGET NO. 961-201501

ACCT.		CURRENT		PROPOSED
NO.	ACCOUNT NAME	BUDGET	DIFFERENCE	BUDGET
4262	SERVICE INCOME	(4,284,350.00)	(1,000.00)	(4,285,350.00)
6771	COMMUNICATION EXPENSE	3,538,244.00	1,000.00	3,539,244.00
	NET OPERATIONS	(746,106.00)	-	(746,106.00)

## Position Control Budgets - Adjustments for PERMANENT OR DURATIONAL Positions

## <u>Department</u>

Cost	Position	Position	Filled or	Budgeted	Health	Pension 7.000%
Center	Number	Title	Vacant	Amount	Fringe Amount	5510
	NEW POSITIO	ON CSA		12,419.00		869.33
	930076	CSA		137.00		9.59
	861450	CSA		137.00		9.59
	950218	CSA		137.00		9.59
	950219	CSA		137.00		9.59
	950221	CSA		137.00		9.59
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
		Total Permanent		13,104.00	0.00	917.28
		Total Temporary		0.00		
		Grand Total		13,104.00	0.00	917.28

Date:

_	OPEB	MQFE	Group Life	LTD	OJI	Jnemployment	
	6.500%	1.350%	0.792%	1.600%	1.550%	0.329%	
	5511	5516	5520	5560	5591	5592	Total Cost
	807.24	167.66	98.36	198.70	192.49	40.86	14,793.64
	8.91	1.85	1.09	2.19	2.12	0.45	163.20
	8.91	1.85	1.09	2.19	2.12	0.45	163.20
	8.91	1.85	1.09	2.19	2.12	0.45	163.20
	8.91	1.85	1.09	2.19	2.12	0.45	163.20
	8.91	1.85	1.09	2.19	2.12	0.45	163.20
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	851.76	176.90	103.78	209.66	203.11	43.11	15,609.62
	0.00	0.00			0.00	0.00	0.00
_	851.76	176.90	103.78	209.66	203.11	43.11	15,609.62

## DIVISION OF HEALTH SERVICES ADMINISTRATION & FINANCE JANUARY 1, 2008 - JUNE 30, 2008 BUDGET NO. 433-400582 COST CENTER HR582

POSITION NO.	JOB TITLE	STATUS	COMPENSATION					
			CURRENT		DIF	FERENCE	PR	OPOSED
NEW POSITION	CSA	F	\$	-	\$	12,419	\$	12,419
930076	CSA	F	\$	23,873	\$	137	\$	24,010
861450	CSA	F	\$	23,873	\$	137	\$	24,010
950218	CSA	F	\$	23,873	\$	137	\$	24,010
950219	CSA	F	\$	23,873	\$	137	\$	24,010
950221	CSA	F	\$	23,873	\$	137	\$	24,010
					\$	-		
			\$	119,365	\$	13,104	\$	132,469

## PER PAY PERIOD - JANUARY 2008 THRU DECEMBER 2008

			COMPENSATION					
POSITION NO.	JOB TITLE	STATUS	CU	CURRENT		DIFFERENCE		OPOSED
NEW POSITION	CSA	F	\$		\$	1,035	\$	1,035
930076	CSA	F	\$	980	\$	55	\$	1,035
861450	CSA	F	\$	980	\$	55	\$	1,035
950218	CSA	F	\$	980	\$	55	\$	1,035
950219	CSA	F	\$	980	\$	55	\$	1,035
950221	CSA	F	\$	980	\$	55	\$	1,035
			\$	4,901	\$	1,308	\$	6,210

DATE: 04-08-08

# IN-HOUSE ROUTE SHEET RESOLUTION CHECK-OFF LIST

BUDGET #:	433-400582							
PERIOD OF TIME:	01/01/08 - 12/31/08							
AMOUNT:	\$533,200.00							
DESCRIPTION:	Budget Amendment to Contract - TN Dept. of Health IMMUNIZATIONS (BASE)							
			DATE					
SECTION MANAGER LEEANN MOSS	-	INITIALS	DATE RECEIVED	FORWARDED				
COMMENTS:	_							
RUSSELL	-	INITIALS	DATE RECEIVED	FORWARDED				
COMMENTS:	<del>-</del>							
<u>ACCOUNTANT</u>	-	INITIALS	DATE RECEIVED	FORWARDED				
BROOKS COMMENTS:	-							
			DATE					
<u>LACHAPELLE</u>	-	INITIALS	DATE RECEIVED	FORWARDED				
COMMENTS:	-							
<u>FARRIS</u>	_	INITIALS	DATE RECEIVED	FORWARDED				
COMMENTS:	<u>-</u>			,				
			<u> </u>					
<u>NUNNALLY</u>	_	INITIALS	DATE RECEIVED	FORWARDED				
COMMENTS:	-							
		::UTIAL 0	DATE	EODWADDED.				
MADLOCK	_	INITIALS	RECEIVED	FORWARDED				
COMMENTS:								
			DATE					
HIPPA REVIEW	-	INITIALS	DATE RECEIVED	FORWARDED				
COMMENTS:	-							

#### CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN. HEALTH DEPARTMENT **Department Requesting Services:** Preparer's Name, Telephone #, and E-Mail Address: 544-7585 johnathan.russell@shelbycountytn.gov Johnathan Russell DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED: Contract with TDH. MSCHD will provide immunization services children in Shelby County. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE **CONTRACTING:** Tenn. Dept. of Health Cordell Hull Bldg. 425 5th Avenue North Nashville, TN 37243 09905 VENDOR NO./FED ID NO. COST OF ITEM OR SERVICE REQUESTED: Revenue (Increase from \$436,800.00 to \$533,200.00) TERM OF PROPOSED CONTRACT/AGREEMENT: 01/01/08-12/31/08 FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) \*\*FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH\*\* 433-400582 No Funds to Encumber **COMMODITY CODE:** 961 VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE): \*\*PLEASE ATTACH APPROVAL DOCUMENTS\*\* Bid/RFP Process - # & Date **TDH Contract** a. **Emergency/Sole Source** b. LOSB/MBE INFORMATION: Please check the appropriate description MBE (MINORITY OWNED BUSINESS ENTERPRISE) WBE (WOMEN OWNED BUSINESS ENTERPRISE) LOSB (LOCALLY OWNED SMALL BUSINESS) ANNUAL SALES DOES NOT EXCEED \$3 MILLION X N/A SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) 11. REVIEWED AND APPROVED BY: DEPARTMENT HEAD DATE HEALTH POLICY COORDINATOR DATE DIVISION DIRECTOR DATE (If Applicable)